

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS**  
**100 NORTH UNION STREET SUITE 736**  
**MONTGOMERY AL 36130-1620**  
**TELEPHONE 334/242-5860**  
**FAX 334/242-0280**

**APPLICATION FOR RENEWAL OF LICENSE**

(Please print or type)

LICENSEE'S  
NAME: \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, Route, Box Number City State Zip Code

# \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
License Number Expiration Date

Home Phone # \_\_\_\_\_

I am engaged in the practice of social work. \_\_\_\_\_ Yes \_\_\_\_\_ No

I am employed by: (Name of Agency) \_\_\_\_\_

I have been employed by this agency for \_\_\_\_\_ years.

**Bachelor Social Workers who still need supervision must have supervisor's signature.**

Signature of  
Social Work Supervisor \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Place of Employment (if different from above)

**Personal History Information**

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" no other response is acceptable. All "Yes" answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your renewal or other appropriate action. *If an affidavit regarding this issue is on file with the board, check the appropriate box and do not send an additional affidavit with this renewal. Upon review of the renewal, the board can request a new or updated affidavit prior to making a determination on the renewal.*

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post secondary educational program in which you were enrolled?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
4. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
5. Have you ever voluntarily surrendered your Social Work license?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
6. Have you ever allowed your Social Work license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
7. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
8. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
9. Has your Social Work license ever been revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
10. Have you ever been the subject of disciplinary action with regard to your Social Work practice?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
11. Has your Social Work practice ever been restricted or terminated by any licensing authority, association, licensed Medical facility, or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>

12. Have you ever had any other professional license revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
13. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
14. To your knowledge have any unresolved or pending complaints ever been filed against you with any Social Work licensing agency, Health association, or hospital/clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
15. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
16. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
17. Have you ever been pardoned from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
18. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
19. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of child/adult abuse whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
21. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
22. Have you ever been court-martialed or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
23. Have you ever been terminated from a position with a city, county, state or federal position?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
24. Have you ever been asked or chosen to resign in order to avoid termination?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>
25. Since becoming a licensed social worker, have you ever been out of compliance with the Code of Ethics?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, Affidavit on file <input type="checkbox"/>

### Certifying Statement

"By virtue of filing this renewal, I do solemnly swear or affirm that I am of good moral character, that I have personally completed this form, that the information given in this renewal is true, correct, and complete to the best of my knowledge. I hereby authorize the Alabama State Board of Social Work Examiners to verify any and all information contained in this renewal, including information maintained in applicable data banks. I authorize the Alabama State Board of Social Work Examiners to review state files pertaining to my licensure/certification and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This renewal and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority. I certify that no convictions or felonies have been filed against me since my original application for licensure nor have I been disciplined by another license agency. **I have my social work license on display as required by law.**"

\_\_\_\_\_  
Signature of Applicant (Do not print)

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

Send signed and notarized renewal along with fee to:

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS  
PO BOX 301620  
MONTGOMERY, AL 36130-1620**

APPLICATION FOR RENEWAL MUST BE MADE WITHIN 60 DAYS AFTER THE EXPIRATION MONTH OF THE LICENSE AND MUST BE ACCOMPANIED BY THE 30 HOURS OF CONTINUING EDUCATION AND THE \$60.00 FEE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO: ABSWE **PERSONAL CHECKS ARE NOT ACCEPTED!**